urging to take food brings on fictitious fasting. Examination of the ears by a consultant, is rewarded in the second attempt by finding the external ear smeared with blood. And so the patient piles Pelion on Ossa until the family circle is well-nigh distracted. These things are usually facilitated by the stupidity, born of anxiety, of other members of the family, or, what is very common, by the skillful aid of a confederate, for there is an *esprit de corps* among the psycho-neurotics and one gladly lends aid to another for the discomfiture of the Philistines. It is astonishing to see to what length a neurotic mother, sister, aunt, or cousin, will go in helping on the deception of the rest of the world.

In the righteous explosion of wrath which follows the exposure of these wiles, we must not allow ourselves to forget that the state of mind that permits such things to be, is morbid. This is no mere mischievousness, and as such is not to be spanked out of them. The will of such individuals is so subservient to their powerful emotions that they have little control over actions which the normal individual would inhibit. Hence the impropriety of punishment as for a misdemeanor. What amounts to harshness must be sometimes applied, but it should be done sympathetically as the knife or the cautery are used in surgery, for cure, not for punishment. The danger of inappropriate treatment is not so great here as in the case of innocent simulators. Threats of operation usually bring them to their senses before the operation begins. In Rothmann and Nathanson's case a proposed trepaning brought the patient out of a trance. On the other hand, there is no question that many unconscious simulators submit to unnecessary operations. I have for my part, in one case at least, saved a patient from such an operation, which was about to be undertaken in perfect good faith by the operator and with full consent of the patient. Subsequent history amply justified the interference. There is many a bottled appendix or ovary whose only offence was that it was the object of too much attention from its owner. So the importance of recognizing these cases is evident.

In deliberate deceptions, recognition is tantamount to cure. Once the physician, and, what is likewise of importance, the family, are convinced of the true nature of the symptoms, and take measures accordingly, they will soon be rewarded by a tacit or spoken confession from the patient, and the rest is easy. In spite of the simplicity of these cases, once the light is let in on them, they can prove a source of immense trouble if allowed to go undetected, and all practitioners should be well alive to their existence, and look sharply for flaws in the statements of any patient whose malady savors of the extraordinary.

Finally, as to the justifiability of the diagnosis of hysteria, in this particular instance, it may be objected that these are not sufficient grounds for the basis of such a diagnosis. For my part, I think they are, but that really cuts very little figure, so far as the main issue is concerned. Whether hysteria, or neurasthenia, the psychology of such cases is the same, and the boundaries of hysteria are not so well defined as those of Lake Tahoe. Anesthesia and hysterogenic areas, especially in children, are no more essential to hysteria than are rose spots and diarrhea to enteric fever. Mental stigmata alone are often sufficient.

REPORT OF THE 17th AND 18th CASES OF COCCIDIOIDAL GRANULOMA.

By PHILIP KING BROWN, M. D., San Francisco.

I desire to place on record two more cases of coccidioidal granuloma diagnosed during life and observed in the service of Drs. E. R. Bryant and H. G. Cates, of Los Angeles. The disease has been diagnosed during life a number of times before, but the increase of it among the working class in the San Joaquin Valley, renders its importance so great that an early diagnosis of the trouble seems especially necessary in view of the fact that the well established cases invariably die. The case of Dr. Samuel Gardner, with local lesions in the ankle, which resulted in his promptly amputating the leg after diagnosis, is the only case that seems to have been entirely cured.

The disease presents so varied a picture that lesions of an unusual nature anywhere in the body bearing resemblance to syphilis or tuberculosis and occurring especially in people from the San Joaquin Valley should suggest this disease. To a person familiar with its varying picture, particularly where there are skin lesions, culture tests do not seem to me absolutely essential to the diagnosis, although in the present stage of our knowledge of the disease, it is extremely important that the diagnosis should be corroborated by culture experiment.

In addition to the report of the two cases, I have added a brief summary of the cases thus far reported, including three not yet published, which were reported by me before the Association of American Physicians last summer.

The following two cases were observed in the Sisters' Hospital, Los Angeles, in the service of Drs. E. R. Bryant and H. G. Cates.

Case 17. Examined July 10, 1906. K. Naka Shima. Age 28. Native of Japan. Has been employed at track work by the Southern Pacific in San Joaquin Valley, for some months preceding the entrance to the hospital. He was referred to the hospital for treatment because of pain in the neighborhood of one of the ankle joints, accompanied by a swelling and some redness. The diagnosis of rheumatism was entertained at first, and a gonorrheal complication was also suspected. These conditions were ruled out after close observation and the administration of salycilates, and on the appearance of anterior cervical adenitis. The ankle lesion, as well as the glands, went on to suppuration and were surgically treated, all being healed in 7 to 10 days. In the course of a few weeks further abscesses appeared in the vicinity of the former ones, and one appeared upon the face over the malar bone and another above the eye-lid. There was apparently

* Read before the Association of Railway Surgeons, San Francisco, August 22, 1906, with presentation of Case 17.

	SITE OF INITIAL LESIONS	DURATION OF DISEASE	Residence in San Joaquin Valley	EXTENT OF DISEASE
I.	Skin	7 yrs.	7 months	Lymph glands; disseminated nodular lesions in internal organs.
II.	Skin. Local 9 yrs.	Several months.		Lymph glands; many skin; chronic abscesses; old scars and consolidated areas in lungs; chronic nodular pleurisy; nodules in diaphram; circumscribed chronic nodular peritonitis beneath diaphram and in pelvis; peribronchial and retroperitoneal glands; spleen, adrenals, prostate, both epididymides, testes, seminal vesicles; osteomyelitis in left tibia and metacarpal bone of left hand.
III.	Skin	3 mo.		No autopsy. Regionary lymph glands certainly involved and signs of general infection.
IV.	Lungs	10 mo.	Yes.	Skin; abscess of lung extending up into neck and abscess of liver; lymph glands.
V.	Lungs		Yes.	Osteomyelitis and periostitis of frontal bone and both tibia; suppurative inflammation of right shoulder; both knees; elbows and wrists; abscess from lung extending into mediastinum and diaphram; liver; retroperitoneal lymph glands; kidney; spleen.
VI.	No clinical history probably lungs.		No history	Lungs; pericardium; spleen; kidney; meninges.
VII.	Probably lungs.	3 1-2 mo.	12 days shortly before onset.	Meningitis.
VIII.	Skin. No clinical history.		Yes.	Lung, spleen, liver, kidney and adrenals.
IX.	Skin	Observed 4 mo. Discharged improved.	Several months.	Skin of foot; inguinal and cervical lymph glands; abscess anterior abdominal wall.
X.	Internal	Still alive 2 years later.	Several months.	Osteomyelitis, foot.
XI.	Internal	Supposed to be alive.	No, but lived in Sacramento Valley.	Abscess of ribs.
XII.	Internal	Few months	Several months.	Caries at elbow; probably meninges.
XIII.	Wolbach, Jour. Med. Research XIII, 1904. Clinical history unpublished.		Lived in California.	
XIV.	Lung	11 months	4 months.	Multiple abscesses of lung; erosion of sternum; pleurisy with effusion; abscess of sacrum, wrist, kidney. Warty nodule on end of nose.
XV.	Intestinal tract.	2 1-2 mo.	5 months.	Abscesses with caries of the adjacent bone in the right supraclavicular region; left sternoclavicular articulation; left supraspinous fossa; dorsum of right hand; right ankle; mediastinal glands; peribronchial glands; general involvement of the peritoneum with enlarged mesenteric glands; ulceration on right thigh; left forearm and over right zygoma; on chin.
XVI.	Internal, probably lungs. Hill-Montgomery	3 years	2 1-2 years.	Lungs; skin; multiple abscesses connected with bone.
XVII.	Internal	8 months	Yes.	Patient still living. See history.
XVIII.	Lungs.	3 months	Yes.	Patient still living. See history.

Summary: Initial lesions, skin 5; unknown, 1; internal, chiefly lungs, 12; total. 18.
Residence in San Joaquin Valley; positive, 14; no history, 3; negative, 1: total, 18.

no connection with the bone. Patient is said to have gained in weight. Temperature was never above 100°. There was a slight cough. No epididymitis, but a vague history of specific disease. In this condition I saw the patient with Dr. Cates and through his kindness was given an opportunity of examining a fresh abscess in the ankle region which the doctor opened. The growths shown are sub-cultures from the pus obtained from this abscess. No connection with the bone could be made out by probing and Dr. Cates stated that he had been unable to detect any connection in any of the abscesses already opened.

At the time the patient was exhibited, six weeks later, there were no new developments except evidences that some of the healed surgical wounds in the neck were ready to open again from pus accumulation beneath.

Case 18. Examined July 10, 1906. Thomas Chiltis. Age 24. Native of Greece. Lived in this country 3 years and in the San Joaquin Valley 18 months. His initial symptoms began about June 15, 1906, in the left side, low down in the axilla, with pain similar to pleuritic pain. His pulse was 92; temperature normal at this time. Shortly after this there was a breaking out on the scalp and face, pustular in character. The pain continued in the side just above the spleen and for the month following he slowly developed pain in the substernal region, worse in the mornings. On July 10th that was the seat of the greatest pain. His temperature had been extremely irregular ranging at times to 105°. His pulse varied greatly, following the temperature and rose from 65 to 120 in the course of a day. Quinine was administered with relief of the temperature which was probably a malarial complication. The patient had no gland enlargement or pain or abdominal lesions. There was a slight progressive loss of weight. The chief symptom at the time I saw the patient, was referable to the skin from the forehead, where there was a slight outbreak covered with crusts, underneath which a small amount of pus was present. The lung condition was still more interesting. Over both lungs, front and back, loud moist rales were heard. There were irregular areas of dullness to quite an extent. I was not able to obtain a specimen of the pus of this case before he left the hospital, and the diagnosis is not confirmed by culture or microscopic examination, but the case seemed to me a typical one of this disease in which the lung symptoms were most prominent, and the skin lesions quite characteristic.

PROPRIETARY MEDICINES AND THEIR ABUSES.*

By GEORGE DOCK, M. D., Ann Arbor, Mich.

Proprietary medicines are substances which some one has an exclusive right to make or sell for medicinal purposes. The exclusive right may depend on secret methods of manufacture, or on a patent on the method of preparation, as in Germany, or on process and substance both, as in America, or on a copyright on the substance. A patent on the name, or a copyright, is one of the most effective methods of acquiring and mantaining exclusive rights in the case of medicines whose virtues are fictitious, though secrecy is in some cases equally effective, for a time.

Proprietary medicines are not either good or bad by reason of their origin. In the language of the day, none are "ethical" or "unethical" *per se*. The possibility of greatest danger occurs among secret preparations and depends partly on the fact that secrecy regarding a remedy may have more serious consequences than secrecy in the manufacture of steel or rope and many other indispensable articles. The chief objection is that no dependence can be placed on the constancy of action of such substances, and that no certain comparisons can be made of observations on their action. They are not fit for scientific deductions.

There is no essential difference between proprietary medicines advertised exclusively to physicians and those advertised to the general public—the former in medical periodicals or special circulars, the latter in newspapers, handbills or almanacs, or on rocks, fences and barns. These are, perhaps, more frequently of secret composition, but recently this difference has been abandoned with great ostentation by some makers of so-called "patent" medicines. One or the other may be honest in intent and harmless or even useful in effect, just as either one may be fraudulent in conception and dangerous in use. The same lawless nomenclature is followed in both cases, the euphonious or hideous, outlandish or suggestive names being much alike in all. As a further evidence of similarity, a preparation that begins most blatantly in newspapers or on fences may in time find a welcome in reputable medical journals, and, on the other hand, a remedy first advertised to and used by physicians may in time be advertised in newspapers or form the leader in a cut-rate drug store or on the drug counter of a department store.

It is difficult to discuss proprietary remedies in a comprehensive way, but impossible to specify without becoming lost in the endless confusion they present. Certain classes stand out prominently. So there are synthetic compounds, active principles and new salts, real discoveries in chemistry that may have the virtues and drawbacks of chloral hydrate, sulphonal, urotropin, of salol, codein, cocain and others. They are usually put on the market with very little preliminary testing, but with the most sweeping claims. There are mixtures of these with other substances, sometimes representing an advance in pharmacy, often not. Then, there are preparations, whose chief recommendation is that they are of pleasing appearance or taste—"elegant," in the language of practical pharmacy. Though no more efficient than plainer preparations, they seem capable of filling a useful purpose, but are often hampered by secrecy of composition or unfounded claims of far-reaching therapeutic action. Expensive advertising and lavish distribution of "samples," neither of which should be necessary in legitimate trade, enormously raise the price at which these are sold.

It is unfortunate that the laws and customs of ownership do not permit a clearer separation of va-

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